

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SPECIAL NO. **09/763271** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1 <sup>2</sup>					
4	0 <sup>1</sup>					
5	1 <sup>0</sup>					
6	0 <sup>1</sup>					
7	1 <sup>0</sup>					
8	0 <sup>1</sup>					
9	1 <sup>0</sup>					
10	0 <sup>1</sup>					
11	1					
12	1					
13	1 <sup>2</sup>					
14	0 <sup>1</sup>					
15	1 <sup>0</sup>					
16	0 <sup>1</sup>					
17	1 <sup>0</sup>					
18	0 <sup>1</sup>					
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TOTAL IND.	2					
TOTAL DEP.	18	↓	↓	↓		
TOTAL CLAIMS	20	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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TOTAL IND.		↓	↓	↓		
TOTAL DEP.		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]